

RECEIVED-FPSC

10 JUL -8 AM 8:55

COMMISSION  
CLERK

100241-TI

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                          |
|--|---|--------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature <input checked="" type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee   |                          |
|  | B. Received by (Printed Name)   | C. Date of Delivery      |
| 1. Article Addressed to:<br><br>Soam-South American Telecom Corp.<br>175 N.W. 7th Street, Suite 1407<br>Miami FL 33130-2953<br>PSC-10-0410-CO-TI<br>100241-TI  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                          |
| 2. Article Number<br>(Transfer from service label)   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                          |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |   | 7006 2760 0003 8796 9022 |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

05555 JUL -8

FPSC-COMMISSION CLERK